



TEXAS DEPARTMENT OF PUBLIC SAFETY
CRIME RECORDS SERVICE
Access & Dissemination Bureau



PROCEDURE FOR REVIEW OF PERSONAL CRIMINAL HISTORY RECORD INFORMATION

It is the policy of the Texas Department of Public Safety (DPS) that an individual or their authorized representative have access to and may receive a copy of their criminal history record information (CHRI). This policy is in compliance with the Texas Government Code, Section 552.023.

FINGERPRINTS SUBMITTED ELECTRONICALLY BY MorphoTrust USA TO DPS: The DPS has entered into an exclusive contract with MorphoTrust USA to provide statewide electronic fingerprinting. Fingerprint Applicant Services of Texas (FAST) are available by scheduling an appointment on-line at www.L1enrollment.com or by calling 1-888-467-2080. MorphoTrust USA is committed to a 98% classifiable rate which means quality prints, less rejections, and quick responses. The cost of this service is \$9.95 plus a \$15.00 fee for the CHRI. The results will be mailed to the address provided by the individual.

FINGERPRINTS SUBMITTED BY MAIL TO MorphoTrust USA: The individual or their authorized representative must submit a completed hard card FAST pass form with the individual's signature and fingerprint card to MorphoTrust USA. The results will be mailed to the designated recipient provided by the individual. If you have any questions, please call (512) 424-2079.

1. COMPLETED FAST PASS FORM:

- All the information requested on the form is required. Please print legibly. **Individual's signature must be on the FAST Pass form.**

2. COMPLETED FINGERPRINT CARD:

- Following information regarding person whose record is to be searched, must be completed on the fingerprint card:
 - a) Printed last name, first name, middle name of individual, including all alias names.
 - b) Sex, race, date of birth, Social Security Number.
 - c) Complete, legible set of fingerprints on a DPS approved fingerprint card which may be obtained from a law enforcement agency or FAST provider near you. Visit www.L1enrollment.com or call 1-888-467-2080 to locate a FAST provider near you. **Individual's signature must be on the fingerprint card.**

3. PAYMENT:

- Enclose a \$24.95 check or U.S. money order made out to MorphoTrust USA for each individual and mail the FAST Pass form, fingerprint card and payment to:

MorphoTrust USA
1650 Wabash Avenue, Suite D
Springfield, IL 62704

Fingerprint Card Scan Authorization Form

Please print legibly and complete all fields in Section 2 (Applicant Information). **ALL INFORMATION IS REQUIRED.** Your fingerprint cards must include the following personal data: Date of Birth, Sex, Race, Height, Weight, Eye Color, Hair Color, Place of Birth, and Home Address. Requested data is required by the Texas Department of Public Safety to process your background check.

Mail this form, along with your completed fingerprint card and a check or money order payable to MorphoTrust USA for \$24.95 to:

MorphoTrust USA
1650 Wabash Avenue, Suite D
Springfield, IL 62704

Section One: Qualified Entity InformationORI#: TXIREVIEWOriginal TCN: _____
(If resubmission for rejected fingerprints)

Designated Recipient's Name: _____

Designated Recipient's Address: _____

(City)

(State)

(Zip code)

Section Two: Applicant Information (To be completed by Applicant) – Please Print LegiblyApplicant Last Name _____ First Name _____ Middle Name _____
(please print)Sex ☐ Male ☐ Female Race _____ Ethnicity _____ Skin Tone _____
(W, B, A, I, O) (Hispanic or Non-Hispanic)Date of Birth _____ Height _____ Weight _____ Hair Color _____ Eye Color _____
(feet and inches)Place of Birth _____
(state or country)Home Address _____
Street Address City State Zip

Section Three: Waiver Information (To be signed by applicant)

I certify that all information I provided in relation to this criminal history record check is true and accurate. I authorize the Texas Department of Public Safety (DPS) to access Texas and Federal criminal history record information that pertains to me and disseminate that information to the designated Authorized Agency or Qualified Entity with which I am or am seeking to be employed or to serve as a volunteer, through the DPS Fingerprint-based Applicant Clearinghouse of Texas and as authorized by Texas Government Code Chapter 411 and any other applicable state or federal statute or policy.

I authorize the Texas Department of Public Safety to submit my fingerprints and other application information to the FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. I authorize the FBI to disclose potentially pertinent information to the DPS during the processing of this application and for as long hereafter as may be relevant to the activity for which this application is being submitted. I understand that the FBI may also retain my fingerprints and other applicant information in the FBI's permanent collection of fingerprints and related information, where all such data will be subject to comparisons against other submissions received by the FBI and to further disseminations by the FBI as may be authorized under the Federal Privacy Act (5USC 552a(b)). I understand I am entitled to obtain a copy of any criminal history record check and challenge the accuracy and completeness of the information before a final determination is made by the Qualified Entity. I also understand the Qualified Entity may deny me access to children, the elderly, or individuals with disabilities until the criminal history record check is completed.

Signature _____ Date _____